

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2004-11
VOTERS REGISTRATION PROCEDURES

AUGUST 31, 2004

Enclosed is material relating to the claiming reimbursement of 2003-04 fiscal year costs pursuant to Chapter 704/75, Voters Registration Procedures.

Section 2130 of the Elections Code states:

"From moneys appropriated by the Legislature, the Controller shall allocate and disburse to the counties the amounts necessary to reimburse them for net costs incurred by them in complying with voter registration provisions, including the provisions authorizing voter registration by mail and voter outreach programs, as set forth in Chapter 704 of the Statutes of 1975, as amended. The Secretary of State, in consultation with the Controller, shall develop a formula for the reimbursement of these costs. The Controller shall prescribe the forms for filing claims pursuant to this section. These claims shall be submitted to the Controller by October 31 in the year following the fiscal year in which the costs were incurred."

An individual per affidavit cost reimbursement formula was developed by the Secretary of State (SOS) in consultation with the State Controller's Office for each county based on 1992-93 fiscal year cost data. In addition, the SOS worked in a cooperative effort with county election officials over a two-year period to develop formulas for reimbursement that would accurately reflect each county's actual net costs.

Annual payment to an individual county for conducting mail registration would be the 1992-93 per affidavit cost adjusted for annual changes in the California Consumer Price Index (CA CPI) as provided by the State Department of Finance, Economic Research Unit. The CA CPI increases were 3.2% in 1993-94, 1.7% in 1994-95 and 1995-96, 2.3% in 1996-97, 2.0% in 1997-98, 2.4% in 1998-99, 3.2% in 1999-00, 4.3% in 2000-01, 2.9% in 2001-02, 2.6% in 2002-03, and 1.9% in 2003-04.

The county must complete Form VRP-1 to determine the amount that can be claimed for the 2003-04 fiscal year. A signed, original form FAM-27C, and all other forms must be submitted. Claims for reimbursement of 2003-04 fiscal year costs must be filed with the State Controller's Office, delivered or postmarked by **October 31, 2004**.

Mailing addresses for filing claims:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

If there are any questions concerning the enclosed material, please write to the above address or call the Local Reimbursements Section at (916) 324-5729.

CLAIM FOR PAYMENT Pursuant to Elections Code Section 2130 VOTERS REGISTRATION PROCEDURES			For State Controller Use Only	Program 056
(01) Claimant Identification Number			(16) Program Number 00056	
(02) Claimant Name			(17) Date Filed ____/____/____	
County of Location			(18) LRS Input ____/____/____	
Street Address or P.O. Box Suite				
City State Zip Code				
			Reimbursement Claim Data	
Type of Claim	Estimated Claim (03) Estimated <input type="checkbox"/> (04) Combined <input type="checkbox"/>	Reimbursement Claim (08) Reimbursement <input type="checkbox"/> (09) Amended <input type="checkbox"/>	(23)	
			(24)	
			(25)	
			(26)	
Fiscal Year of Cost	(05)	(10) 2003/2004	(27)	
Total Claimed Amount	(06)	(11)	(28)	
Less: Prior Claim Payment Received		(12)	(29)	
Net Claimed Amount		(13)	(30)	
Due from State	(07)	(14)	(31)	
Due to State		(15)	(32)	
(33) CERTIFICATION OF CLAIM				
In accordance with the Elections Code §2130, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.				
I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.				
The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Authorized Officer			Date	
Type or Print Name			Title	
(34) Name of Contact Person for Claim			Telephone Number () - Ext.	
			E-Mail Address	

Program 056	VOTERS REGISTRATION PROCEDURES Certification Claim Form Instructions	FORM FAM-27C
-----------------------	---	-------------------------------

- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P.O. Box address, City, State, and Zip Code.
- (03) to (07) Leave blank.
- (08) If filing a reimbursement claim, enter an "X" in the box on line (08) Reimbursement.
- (09) If filing an amended reimbursement claim, enter an "X" in the box on line (09) Amended. Leave box (08) blank.
- (10) No entry required.
- (11) Enter the amount of the reimbursement claim from form VRP-1, line III.
- (12) to (13) Leave blank.
- (14) Enter the same amount as shown on line (11).
- (15) to (32) Leave blank.
- (33) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized representative, and must include the person's name and title, typed or printed.
Claims cannot be paid unless accompanied by a signed certification.
- (34) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED, ORIGINAL FORM FAM-27C WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS (NO COPIES NECESSARY) TO:

**Address, if delivered by
U.S. Postal Service:**

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250**

**Address, if delivered by
other delivery service:**

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816**

METHOD OF REIMBURSEMENT COMPUTATION
Chapter 704, Statutes of 1975, Voters Registration Procedures
2003-04 Fiscal Year Costs

**FORM
VRP-1**

County of _____

To complete this form, indicate the number of voters' affidavits processed by source and total in Part I. and compute the county's reimbursement using the formula described in Part II.

I. Affidavits processed by source:

a. Number of affidavits processed by the MAIL
(Through postal service)

b. Number of affidavits received over the counter

c. Number of affidavits received through the
Official Deputy Registration

Total number of affidavits processed

II. Formula for computing the reimbursement:

a. Total number of affidavits processed
(Above)

b. Enter the county reimbursement factor.
Refer to the schedule on Form VRP-2, entitled
"2003-04 Reimbursement Factors by County -
Amount Per Affidavit."

\$ _____

III. Total 2003-04 Reimbursement Claimed
(Multiply IIa. times IIb.)

\$ _____

VOTERS REGISTRATION PROCEDURES
2003-04 REIMBURSEMENT FACTORS BY COUNTY

FORM
VRP-2

COUNTY	AMOUNT PER AFFIDAVIT	COUNTY	AMOUNT PER AFFIDAVIT
Alameda	0.436	Orange	0.392
Alpine	2.702	Placer	0.857
Amador	2.702	Plumas	2.702
Butte	0.956	Riverside	0.436
Calaveras	2.702	Sacramento	0.436
Colusa	2.702	San Benito	2.702
Contra Costa	0.436	San Bernardino	0.436
Del Norte	2.702	San Diego	0.392
El Dorado	1.006	San Francisco	0.436
Fresno	0.956	San Joaquin	0.857
Glenn	2.702	San Luis Obispo	0.857
Humboldt	1.006	San Mateo	0.857
Imperial	2.702	Santa Barbara	0.857
Inyo	2.702	Santa Clara	0.392
Kern	0.956	Santa Cruz	0.857
Kings	2.702	Shasta	1.006
Lake	2.702	Sierra	2.702
Lassen	2.702	Siskiyou	2.702
Los Angeles	0.392	Solano	0.857
Madera	2.702	Sonoma	0.857
Marin	0.857	Stanislaus	0.857
Mariposa	2.702	Sutter	2.702
Mendocino	2.702	Tehama	2.702
Merced	1.006	Trinity	2.702
Modoc	2.702	Tulare	0.857
Mono	2.702	Tuolumne	2.702
Monterey	0.857	Ventura	0.857
Napa	1.006	Yolo	1.006
Nevada	1.006	Yuba	2.702